

Exhibit D

STANDARD CLAIM FORM

CITY OF NEW ROCHELLE

515 North Ave. NEW ROCHELLE, NEW YORK 10801 TEL 654-2068

For time stamp only

TO BE COMPLETED BY VENDOR

VENDOR LEAVE BLANK

DEPARTMENT

POLICE

LOCATION TO
WHICH DELIVERED

Claim Number

001668

VENDOR'S
INVOICE NO.INVOICE
DATE

2/15/07

TERMS

ACCOUNT NO.

PDP835

VENDOR COMPLETE A, B, C, D, E IF APPLICABLE

A. DATE

2-15-07

B. CONTRACT REQUIREMENT
(SPECIFICATION)C. N. Y. STATE CONTRACT NO.
(IF APPLICABLE)D. PURCHASE
ORDER NO.

(TO BE COMPLETED BY VENDOR)

INSTRUCTIONS TO VENDOR.

1. PREPARE ALL FOUR COPIES OF THIS FORM ON DATE OF SHIPMENT. USE INK, TYPEWRITER OR INDELIBLE PENCIL.
2. SEND FIRST THREE COPIES DIRECTLY TO DEPARTMENT RECEIVING THE ORDER, CITY HALL, NEW ROCHELLE, N. Y. 10801.
3. RETAIN FOURTH COPY FOR YOUR FILE.
4. INDICATE WHETHER INVOICE REPRESENTS:

☐ PARTIAL
DELIVERY☐ FINAL OR
COMPLETE DELIVERY

TO BE COMPLETED BY VENDOR

VENDOR LEAVE
BLANK

| QUAN. | UNIT | DESCRIPTION | UNIT PRICE | TOTAL AMOUNT |
|-------|------|---|---------------|-----------------|
| | | Tuition Reimbursement for Araz Alali as per contract for Year 2006 | | \$5,714.00 |
| TOTAL | | | | \$5,714.00 |

FEDERAL TAX EXEMPTION REGISTRATION
NO. A-146133THE CITY OF NEW ROCHELLE IS EXEMPT FROM PAY-
MENT OF ALL FEDERAL, NEW YORK CITY AND STATE
TAXES. DO NOT INCLUDE TAXES WHEN SUBMITTING
CLAIMS.I HEREBY CERTIFY THAT TO MY KNOWLEDGE AND BELIEF THE ABOVE CHARGES ARE JUST AND TRUE, THAT THE SERVICES CHARGED
HAVE BEEN RENDERED; THAT ANY DISBURSEMENTS INCLUDED WERE MADE FOR OUR ACCOUNT; THAT THE ARTICLES CHARGED HAVE
BEEN FURNISHED IN ACCORDANCE WITH SPECIFICATIONS; THAT NO PART OF ABOVE CHARGES HAVE BEEN PAID EXCEPT AS INDICATED;
THAT THERE ARE NO OFFSETS AGAINST SUCH CHARGES.

AUTHORIZED SIGNATURE OF VENDOR AND TITLE

(TO BE COMPLETED BY ACCOUNTING DIVISION)

USING BUREAU OR DEPARTMENT APPROVAL

THE ABOVE SERVICES OR MATERIALS WERE RENDERED OR FURNISHED TO THE CITY
OF NEW ROCHELLE ON THE DATES STATED ON DELIVERY SLIPS AND THE CHARGES
WERE CORRECT.

2-15-07

2/15/07

Date

Director

Commissioner

PURCHASING DEPARTMENT APPROVAL

BASED UPON DELIVERY SLIPS ACKNOWLEDGED, PURCHASE
ORDER, EMERGENCY AUTHORIZATION ORDER, AND/OR RE-
QUISITION CONFIRMATION AUTHORIZATION, I HEREBY CERTIFY
THAT THIS CLAIM HAS BEEN RENDERED IN ACCORDANCE WITH
THE CONTRACT, OR ACCEPTED ESTIMATE.

FILL-AUDIT APPROVAL

APPROVAL FOR PAYMENT

TOTAL AMOUNT \$

DISCOUNT \$

NET AMOUNT \$

PAID BY CHECK NO. 104570

DATE OF CHECK MAR 23 2007

RECEIVED TIME MAY. 23. 10:26AM COPY



IONA COLLEGE
715 North Avenue
New Rochelle, NY 10801-1890
(914) 633-2497
sfs@iona.edu

Student Name Araz Alali
Account Number 0274400
Statement Date 01/24/2007
Invoice Period Spring 2006
Due Date Past due

Account Summary:

| | |
|----------------------|-----------------|
| Prior Balance | 3,971.00 |
| Prior Pending Aid | 0.00 |
| Prior Unpaid Balance | 3,971.00 |
| Current Charges | 3,971.00 |
| Payments | 0.00 |
| Current Pending Aid | 0.00 |
| Amount Due | 7,942.00 |

This statement is now past due, a copy will be sent to the employer and the student.

| Posted Date | Item Term | Listing of Charges and Credits | Charges | Credits |
|-----------------------------|-------------|--------------------------------|----------|---------|
| 02/24/2006 | Spring 2006 | Tuition - Undergrad Evening | 3,896.00 | |
| 02/24/2006 | Spring 2006 | Registration Fee | 35.00 | |
| 02/24/2006 | Spring 2006 | Technology Fee | 20.00 | |
| 02/24/2006 | Spring 2006 | Recreation Facility Fee | 20.00 | |
| Total Enrolled Credits: 8.0 | | Total of Charges and Credits | 3,971.00 | |

Unapplied Financial Aid: Any amount listed below as "Unapplied Financial Aid" represents estimated Financial Aid NOT yet CREDITED to this account. Any amounts listed are contingent upon their receipt and the fulfillment of all applicable Federal, State and Iona College requirements.

| Term | Award Descr | Amount |
|------|--------------------------|--------|
| | No Pending Financial Aid | |

Return this portion with your payment.

Please send all Credit Card payments to:

Iona College, SFS Office
715 North Avenue
New Rochelle, NY 10801

* FOR ALL OTHER PAYMENTS, USE THE ENCLOSED ENVELOPE *

| | |
|----------------|----------|
| Account Number | 0274400 |
| Amount Due | 7,942.00 |
| Amount Paid | |

We accept VISA, MasterCard, Discover & AMEX



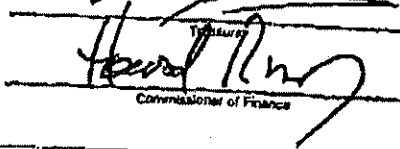
Araz Alali
703 Pelham Rd Unit 514
New Rochelle, NY 10805

MAR 23 2007

RECEIVED TIME MAY. 23. 10:26AM

Bank of America Higher Standards

Bank of America Direct®

| | | | | |
|---|--|---|--------------------------|--|
|  City of New Rochelle 315 North Avenue New Rochelle, NY 10801 DISBURSEMENT ACCOUNT | | Vendor Number 1431 | Check Date 03/23/2007 | Check Number 1-32/210 104570 |
| Pay *****5,714 DOLLARS AND NO CENTS To The Order Of IONA COLLEGE Bank of America 027440 | | \$5,714.00  MP  MP Commissioner of Finance | | |
| MICR Line: ⑈ 104570 ⑈ 021000322 ⑈ 94035 65912 ⑈ ⑈ 0000571400 ⑈ | | | | |
| ENDORSE HERE PAY TO THE ORDER OF WACHOVIA 026012881 FOR DEPOSIT ONLY IONA COLLEGE OPERATING ACCOUNT 200008804727 64507 | | | | |

| Check Info | |
|--------------|------------|
| Account: | 9403565912 |
| Amount: | 5,714.00 |
| Check #: | 104570 |
| Posted Date: | 03/29/2007 |

Bank of America, N.A. Member FDIC.
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